

SECTION 2

PSYCHOLOGY SERVICES

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1 PSYCHOLOGY SERVICES

1 - 1 General Policy

Outpatient psychology services provided by licensed psychologists are limited to children who are eligible for the CHEC program through Medicaid **and** who are **not** enrolled in a Prepaid Mental Health Plan (PMHP). **See Chapter 1 - 3, Definitions, for the definition of CHEC.** Children enrolled in a PMHP must receive psychologist services from the mental health center printed on the Medicaid Identification Card.

There are THREE exceptions to the rule that these children must receive all psychologist services from the mental health center identified on the Medicaid Identification Card :

Exception 1: Children in Foster Care

Children who are in Foster Care or under state custody are enrolled in a Prepaid Mental Health Plan **for inpatient mental health services only**. These children may receive *outpatient* psychologist services from licensed psychologists in private practice.

Exception 2: Children enrolled in HMOs

HMOs are responsible for diagnostic work-ups for developmental disorders and organic disorders. Therefore, psychological evaluation and testing to assess these disorders are covered by the child's HMO. If the child is not enrolled in an HMO, these services would be covered under this program and prior authorization requirements would apply. (See Chapter 3, Prior Authorization.)

Exception 3: Children in subsidized adoptions who have been formally exempted from the PMHP by the Medicaid agency.

Such exemptions are on a case-by-case basis only and must be requested by the child's adoptive parent.

NOTE: Psychology services provided to inpatients of a hospital are NOT eligible for reimbursement under the Medicaid Psychology Program. Such services are covered either (1) by a Prepaid Mental Health Plan for patients who are enrolled in a PMHP or (2) if the patient is not enrolled in a PMHP, in the DRG payment to the hospital.

1 - 2 Qualified Psychologists

Psychology services must be provided by:

1. a licensed psychologist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated, 1953, as amended; or
2. a certified psychology resident working under the supervision of a licensed psychologist.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Psychology services may be provided in the psychologist's office, an outpatient hospital setting, or other appropriate setting, to Medicaid recipients who meet the specific criteria as outlined in this manual.

On the Request for Prior Authorization Form, please state the psychology resident's name, the name of the university and the program in which he or she is enrolled, and a brief description of the supervision provided.

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1 - 3 Definitions

CHEC: Child Health Evaluation and Care is Utah's version of the federally mandated Early Periodic screening Diagnosis and Treatment (EPSDT) program. All Medicaid eligible recipients from *birth through age twenty* are enrolled in the CHEC program. The only exception to this policy is that Medicaid recipients age 19 and older enrolled in the Non-Traditional Medicaid Plan are **not** eligible for the CHEC program. The Medicaid Identification Cards for individuals enrolled in the Non-Traditional Medicaid Plan are blue in color and specify that the individual is enrolled in this plan.

Prepaid Mental Health Plan (PMHP): A managed care plan offering coverage for mental health care services. The services covered are specified in the PMHP contract with Medicaid. Medicaid recipients in certain geographic areas of the state receive inpatient and outpatient mental health services through selected contractors (community mental health centers) paid on a capitation basis.

HMO: A Health Maintenance Organization or prepaid health plan that contracts with the Medicaid agency, the Division of Health Care Financing, to provide services to individuals covered by Medicaid.

2 SCOPE OF SERVICES

Psychological services include the following:

- Evaluation;
- Psychological testing;
- Individual therapy/collateral therapy; and
- Group therapy.

2 - 1 Initial Evaluation

An initial evaluation requires prior authorization.

Evaluation means identifying the existence, nature or extent of psychological impairment or deterioration of functioning in a client for the purpose of determining the client's need for medically necessary services and establishing written objectives for the provision of such services, as appropriate. If the client is determined to be in need of psychological services, the evaluation must include the development of an individualized, measurable treatment plan designed to improve the client's functioning.

Unit: Y3200 Initial evaluation session, per 15 minutes

Y3205 Initial evaluation session for foster care children referred by DCFS, per 15 minutes

Y3206 Initial evaluation session for foster care children referred by DYC, per 15 minutes

Y3207 Initial evaluation session for children referred by DSPD, per 15 minutes

- Limits:**
1. The initial evaluation session is limited to individuals eligible for EPSDT (CHEC) services.
 2. Evaluations which are not medically necessary or are for the purpose of court determinations only, including but not limited to such issues as custody or visitation, are **not** a covered service.
 3. The initial evaluation for children with a developmental disorder or organic disorder who are enrolled in an HMO is covered by the HMO.
 4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Record: The evaluation report must include history, diagnoses, and treatment recommendations.

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2 - 2 Psychological Testing

Psychological testing requires prior authorization.

Psychological testing means administering, evaluating, and submitting a written report of the results of psychometric, diagnostic, projective or standardized IQ test by a licensed psychologist. The test report will include the test(s) administered, test scores, an evaluation of the test results, a summary of the client's current level of functioning, and diagnoses. Generally, psychological testing is limited to one test, or battery of tests, per client per 12-month period.

- Unit:** Y3220 Psychological testing, per 15 minutes
Y3225 Psychological testing for foster care children referred by DCFS, per 15 minutes
Y3211 Psychological testing for foster care children referred by DYC, per 15 minutes
Y3212 Psychological testing for children referred by DSPD, per 15 minutes

- Limits:**
1. Psychological testing is limited to individuals eligible for EPSDT (CHEC) services.
 2. Individuals who are residents of an ICF/MR are not eligible for this service. The cost of this service is included in the rate paid to the ICF/MR.
 3. Psychological testing, including neuropsychological testing, for children with a developmental disorder or organic disorder who are enrolled in an HMO, is covered by the HMO.
 4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Record: A record must be kept of tests administered, test scores, evaluation of test results, summary of the client's current level of functioning, diagnoses, statement of prognosis and treatment recommendations

2 - 3 Individual Therapy

Individual therapy requires prior authorization.

Individual therapy means face-to-face interventions with a single client, with treatment focusing upon improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. Treatment must focus upon improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. In most circumstances, individual therapy is limited to 12 hours per 12-month period.

Collateral therapy may be billed if the therapy is provided to an immediate family member, such as a parent or foster parent, as long as the child is the focus of the session. Use the appropriate individual therapy Y code when requesting and billing this service.

Unit: Y3230 Individual therapy, per 15 minutes

Y3235 Individual therapy for foster care children referred by DCFS, per 15 minutes

Y3213 Individual therapy for foster care children referred by DYC, per 15 minutes

Y3214 Individual therapy for children referred by DSPD, per 15 minutes

Limits: 1. Individual therapy is limited to individuals eligible for EPSDT (CHEC) services.

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Record: Clinical note per individual session.

2 - 4 Group Therapy

Group therapy requires prior authorization.

Group therapy means face-to-face interventions with two or more clients, focusing upon improvement of the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. Group therapy must focus upon improvement of the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the social functioning based on measurable treatment goals identified in the client's individual treatment plan. In most circumstances, group therapy is limited to 24 hours per 12-month period.

Unit: Y3240 Group therapy, per 15 minutes

Y3245 Group therapy for foster care children referred by DCFS, per 15 minutes

Y3216 Group therapy for foster care children referred by DYC, per 15 minutes

Y3217 Group therapy for children referred by DSPD, per 15 minutes

Limits: 1. Group therapy is limited to individuals eligible for EPSDT (CHEC) services.

2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.

Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

Record: Clinical note per group session.

2 - 5 Treatment Plan

The treatment plan or plan of care is a written, individualized plan, developed by the psychologist to improve the client's condition. The treatment plan must include:

- A. Measurable short-term treatment goals and objectives stated in terms of observable changes in behavior, affect, skills, attitudes, or circumstances.
- B. The treatment regimen--the specific medical and remedial services or therapies that will be used to meet the treatment objectives;
- C. A projected schedule for service delivery. This includes the expected frequency and duration of each type of planned therapeutic session or encounter; and
- D. Long-term goals or discharge plan.

2 - 6 Documentation

Documentation requirements include the following:

- A. The psychologist must develop and maintain sufficient written documentation for each therapeutic session or service for which billing is made that indicates at least the following:
 - 1. Specific services rendered;
 - 2. Date and actual time services were rendered;
 - 3. Signature and title of individual who rendered the services;
 - 4. Setting in which services were rendered;
 - 5. Duration of the service;
 - 6. Relationship of the services to the treatment goals described in the treatment plan; and
 - 7. Updates describing the client's progress.
- B. The clinical record must be kept on file and be made available for State or Federal review, upon request.

3 PRIOR AUTHORIZATION

Prior authorization is required for all services. The prior authorization request must include sufficient documentation to support the need for service. Additional documentation may be requested at any time to complete the prior authorization process. At a minimum, the prior authorization request must include:

- A. Documentation of the course of the recipient’s illness and treatment and a complete summary of client’s current condition including symptomatology and behavior;
- B. The recipient’s place of residence;
- C. The recipient’s age;
- D. The setting in which the services will be rendered;
- E. Documentation of tentative DSM IV diagnoses on Axes I-V;
- F. Statement of prognosis if the prior authorization request is denied; and
- G. Statement outlining other alternatives considered or utilized.

Prior authorization must be obtained *in writing* from the Division of Health Care Financing, Bureau of Managed Health Care.

Send written requests to:

Bureau of Managed Health Care
 Division of Health Care Financing
 Box 143108
 Salt Lake City UT 84114-3108

or FAX to (801) 538-6099

Although verbal telephone authorization may be given when services must be given immediately, *a written request must be received and approved before any payment can be made.*

Telephone Prior Authorization

Verbal telephone authorization may ONLY be given when services must be given immediately. The psychologist must follow up with a written request in order to receive reimbursement for services.

In the Salt Lake City area, call 538-6501 or 538-6637.

To call toll-free from other areas, call Medicaid Information: 1-800-662-9651

- You may call toll-free in Utah, Arizona, New Mexico, Nevada, Idaho, Wyoming and Colorado. (From all other states, call 1-801-538-6155)

- Ask for extension 86501 or extension 86637.

3 - 1 Specific Prior Authorization Criteria

Prior authorization criteria are listed below.

A. Prior authorization criteria for the initial evaluation

Prior authorization for the initial evaluation may be granted if the psychologist documents the need for an evaluation to:

1. identify the existence, nature or extent of psychological impairment or deterioration of functioning; and
2. determine the need for medically necessary services.

B. Prior authorization criteria for psychological testing

Prior authorization for additional units of evaluation may be granted if the psychologist documents the need for continued assessment of a client due to the following:

1. Age or communicative ability of the client;
2. Difficulty developing a therapeutic relationship with the client;
3. Complexity of family involvement; or
4. Need for development of a complete in-depth psycho-social history.

C. Prior authorization criteria for individual and group therapy

Prior authorization may be granted if the psychologist documents the need to assess one or more of the following:

1. Neurological functioning;
2. Emotional functioning;
3. Behavioral functioning;
4. Intellectual functioning;
5. Accuracy of diagnosis when the results of previous testing are invalid or outdated; or
6. Nature of developmental disability.

D. Prior authorization criteria for individual and group therapy

Prior authorization may be granted if the psychologist documents the following:

1. DSM-IV diagnoses on Axis I-V;
2. Sufficient symptomatology to support the diagnoses and to warrant the requested treatment; and
3. Lack of other suitable treatment alternatives.

4 PROCEDURE CODES FOR PSYCHOLOGY SERVICES

NOTE: Prior authorization is required for all services.

PROCEDURE CODES FOR PSYCHOLOGY SERVICES

Codes	Service and Units
Y3200	Initial Evaluation, per 15 minutes
Y3205	Initial evaluation session for foster care children referred by DCFS, per 15 minutes
Y3206	Initial evaluation session for foster care children referred by DYC, per 15 minutes
Y3207	Initial evaluation session for children referred by DSPD, per 15 minutes
Y3220	Psychological testing, per 15 minutes
Y3225	Psychological testing for foster care children referred by DCFS, per 15 minutes
Y3211	Psychological testing for foster care children referred by DYC, per 15 minutes
Y3212	Psychological testing for children referred by DSPD, per 15 minutes
Y3230	Individual therapy, per 15 minutes
Y3235	Individual therapy for foster care children referred by DCFS, per 15 minutes
Y3213	Individual therapy for foster care children referred by DYC, per 15 minutes
Y3214	Individual therapy for children referred by DSPD, per 15 minutes
Y3240	Group therapy per hour, per 15 minutes
Y3245	Group therapy for foster care children referred by DCFS, per 15 minutes
Y3216	Group therapy for foster care children referred by DYC, per 15 minutes
Y3217	Group therapy for children referred by DSPD, per 15 minutes

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